

Park Center Youth Water Polo Participant Release Form

Each child participating in Youth Water Polo practices must have a release form signed and turned into the coach before they can participate in any practices.

Participants Name: _____

Address: _____ City: _____ Zip: _____

Age: _____ Birth date: _____ Home Phone #: _____

Mother's Name: _____ Work Phone #: _____

Father's Name: _____ Work Phone #: _____

Email Address: _____

Emergency Contact & Phone #: _____

Does your child have any physical limitations: ☐ No
☐ Yes

If marked yes, please explain: _____

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which my child may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, liability release, and consent to treat form and agree to all of their terms and conditions.

Signature of Parent/Legal Guardian: _____ Date: _____

The Park Center
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